

**Colorado Department of Public Health and Environment  
RECYCLING FACILITY INITIAL REGISTRATION FORM**

**Section I Facility Information:**

Facility Name: \_\_\_\_\_  
Corporate Name (if different than above): \_\_\_\_\_  
Street Address: \_\_\_\_\_ County: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Facility Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Section II Owner Information (Complete if different than above):**

Owner's Name: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Section III 24-Hour Emergency Contact Information:**

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INSTRUCTIONS**

Complete Sections I, II, and III.

**Send completed form to:**

Colorado Department of Public Health and Environment  
Solid Waste Unit Leader  
HMWMD-SW-B2  
4300 Cherry Creek Dr. South  
Denver, CO 80246-1530

If you have questions regarding this form, please contact Wolf Kray at 303-692-3337 or toll-free 1-888-569-1831 ext. 3337.